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PATENT

## AMENDMENT TRANSMITTAL FORM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: QCPA701D1  
In Re Application of: Samir Soliman  
Serial Number: 09/954,910  
Filed: September 17, 2001  
Examiner: Lee Nguyen  
Group Art Unit: 2682

Dear Sir:

Transmitted herewith for filing is a Response to Office Action and Terminal Disclaimer in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	9	20	0	x \$18 =	\$0
Independent**	3	3	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$
EXTENSION FEES				<input type="checkbox"/> One Month	\$110
				<input type="checkbox"/> Two Months	\$420
				<input type="checkbox"/> Three Months	\$950
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: November 11, 2004

Signature: Ronald C. Kordich, Reg. No. 38,213  
Phone No. (858) 658-5928QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
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## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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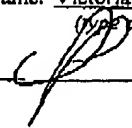
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Depositor's Name: Victoria J. Pacey  
(type or print name)Signature: 

(TRANSAMD.VER1.13-07/30/03)